PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

00 MAR 22 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M23833

1. Corporation Name
Hencel Corporation
c/o Antonio Alentado
1149 S.W. 27th Avenue, Suite 203
Miami, Florida 33135

2. Principal Office Address	**3.** Mailing Office Address
Same as 1.	Same as 1.
Suite, Apt. #, etc.: Same as 1.	Suite, Apt. #, etc.: Same as 1.
City & State: Same as 1.	City & State: Same as 1.
Zip: Same as 1. Country: USA	Zip: Same as 1. Country: Same as 1.

4. Date Incorporated or Qualified To Do Business In Florida: 11-22-1985

5. FEI Number: 59-2603743 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Pedro A. Martin, Esq., c/o Greenberg Traurig, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1221 Brickell Avenue, 24th Floor

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Suite, Apt. #, Etc.: Suite 2400

City: Miami | State: FL | Zip Code: 33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: P. A. Martin Date: 3-21-00

REGISTERED AGENT MUST SIGN Pedro A. Martin

CR2E081 (9/99)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Aida Char	3731 N. Country Club Dr. No. Miami Bch., FL 33180	
P	Henry Char, Jr.	3731 N. Country Club Dr. No. Miami Bch., FL 33180	
T	Omar Char	3731 N. Country Club Dr. No. Miami Bch., FL 33180	
S	Munir Char	3731 N. Country Club Dr. No. Miami Bch., FL 33180	
VP	Miriam Char	3731 N. Country Club Dr. No. Miami Bch., FL 33180	

REINSTATEMENT 3-21-00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Aida Char 3-21-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #